

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/625,056
APPLICANT(S)

FILED DATE

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | 1 | | | | |
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| 5 | | 2 | | | | |
| 6 | | 2 | | | | |
| 7 | | 2 | | | | |
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| 10 | | 2 | | | | |
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| 12 | | 2 | | | | |
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| TOTAL IND. | 21 | | 2 | | | |
| TOTAL DEP. | | 46 | | | | |
| TOTAL CLAIMS | 39 | | 48 | | | |

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

Best Available Copy